

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037023

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251

Primary Registration District No. 5845

Registrar's No. 210

FILED SEP 16 1963

1. PLACE OF DEATH

a. COUNTY **Nodaway**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Clearmont**

Length of stay in 1b
3 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Wallin Nursing Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Nodaway**

c. CITY OR TOWN **Maryville**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Maryville

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

ISAAC

First

BLISS

Last

DATE OF DEATH

Month **9**

Day **1**

Year **63**

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Widowed ☐ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

1/29/67

9. AGE (last birthday)

96

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Emporia, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Bliss

13b. MOTHER'S MAIDEN NAME

not known

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

Clyde Bliss, Maryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory collapse

INTERVAL BETWEEN ONSET AND DEATH
5 min

Chronic Hypertensive heart disease

15 years

Generalized arteriosclerosis

20 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Organic senile brain syndrome; Osteoarthritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour **7:00** a.m. Month **1** Day **1** Year **1963**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 1, 1963** to **Sept. 1, '63** and last saw her alive on **August 31, 1963**
Death occurred at **7:00 a.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Robert Price

22b. ADDRESS

Box 388, Clearmont, Mo.

22c. DATE SIGNED

9/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

9/3/63

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill

23d. LOCATION (City, town, or county)

Maryville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

9-12-63

26. REGISTRAR'S SIGNATURE

Ben Boldt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10740
20745
3
40
52
6
71
82
9443X
10
11
1286-2
131-0

100000-000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.